

Patient Screening Form

Do you have a cough?

Do you have a fever now or have you in the past 14-21 days?

Have you come in contact with any confirmed COVID-19 positive patients in the last 14 days?

Are you experiencing shortness of breath or difficulty breathing?

Are you experiencing other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?

Have you experienced recent loss of taste or smell?

Are you over the age of 60?

Do you have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?

Have you traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)

Positive responses to any of these will likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.